

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 732427

1. Entity Name

ARENDELL HILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2832 ARENDELL WAY
TALLAHASSEE FL 32308
US

Mailing Address

2832 ARENDELL WAY
TALLAHASSEE FL 32308
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-0238640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LAWRENCE
2832 ARENDELL WAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature must be read when recording)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

CH 1047

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CORBIN, JOHN
STREET ADDRESS 2222 ARENDELL WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE T ☐ Delete
NAME ROBERTS, LAWRENCE
STREET ADDRESS 2832 ARENDELL WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME ROSINSKY, HERBERT
STREET ADDRESS 2308 ARENDELL WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE S ☐ Delete
NAME CANTY, MARY
STREET ADDRESS 2356 ARENDELL WAY
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LAWRENCE ROBERTS

850-877-4080

1-26-08